

Drug and Alcohol Testing Authorization



To:

From:

Date:

Re: Authorization for Drug and Alcohol Testing

In accordance with City of Tempe Personnel Rules and Regulations, Section 406.B.10. this directs you to submit to urine, blood alcohol and/or intoxilyzer tests to detect and substantiate the presence of any drugs or alcohol.

I, _____, in accordance with City of
Employee's Name (Typed)
Tempe Personnel Rules and Regulations, Section 406.B.10., hereby voluntarily agree to participate in the requested drug and/or alcohol testing procedure(s) and agree to have the results of said test(s) delivered or divulged to the City of Tempe Human Resources Manager, or her or his designee.

Furthermore, I fully understand that refusal to submit to the required testing procedure(s) may result in discipline up to and including termination.

Employee's Signature & Date

Witness's Signature & Date